



COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2011 - JUNE 30, 2012
Deadline: July 13, 2012

THOMAS J. ...
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA / Behavioral Health Services

Division/Unit: East County Mental Health Clinic - Clinical

2. VOLUNTEER PROGRAM BENEFITS:

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.	7	Hours	2,065	X	\$21.79	=	\$44,996.35
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Types of work performed by GENERAL VOLUNTEERS in this category:

Frontline, triage assessment, individual and group therapy, and case management in an outpatient mental health clinic. These are student interns from San Diego State University, Brandman University, and University of Kansas.

b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.		Hours		X	\$21.79	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

No. of Vol		Total Hours	0	Total Value =	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	7	2,065	\$44,996.35
2b.			
2c.			
Total Vol		7	Total Value = \$44,996.35

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE=	\$0.00
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4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours	288	X	Rate	\$38.86	=	\$11,191.68
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b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours	7	X	Rate	\$18.94	=	\$132.58
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS	=	\$0.00
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$11,324.26
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$44,996.35</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$11,324.26</u>

TOTAL PROGRAM BENEFIT

\$33,672.09

6. RECRUITING:

Please describe your recruiting programs:

This clinic is listed with the area colleges as having licensed clinicians eligible to provide field instruction to interns working towards their master's Degree in either Social Work or Marriage and Family Therapy. We complete a request for interns on an annual basis. The field faculty then refers prospective candidates to interview with the clinician who will be providing the supervision and training. Other colleges in the area provide this clinic as a possible site for students seeking internships. Those interns then contact us directly to set up an interview.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

We will be working with next year's interns on developing their skills in the areas of frontline, triage assessment, individual and group therapy, and case management in an outpatient mental health clinic setting. We had much success last year working with a Nurse Practitioner intern. Our medical staff was very involved in the training of the student. We plan to pursue more opportunities with other schools to work with Nurse Practitioner interns.

9. GENERAL INFORMATION:

Name of person completing report:	<u>Aimee Eskridge</u>		
Phone:	<u>619-401-5518</u>	Mail Stop:	<u>S515</u>
		E-Mail:	<u>aimee.eskridge@sdcounty.ca.gov</u>
Volunteer Coordinator:	<u>Aimee Eskridge</u>		
		E-Mail:	<u>aimee.eskridge@sdcounty.ca.gov</u>
Phone:	<u>619-401-5518</u>	Mail Stop:	<u>S515</u>
		E-Mail:	<u>sdcounty.ca.gov</u>

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

7/30/12
DATE